

**New Jersey Department of Health and Senior Services
Division of Long Term Care Systems**

**DEFINITIONS AND INSTRUCTIONS FOR COMPLETION OF
RESIDENT PROFILE REPORT
FACILITY REPORTED DATA**

PLEASE NOTE:

- 1) Please submit current data for items 1, 2, 5 and 6.
- 2) For items 3, 4, and 9, submit data for the calendar year ending December 31, 2001.
- 3) For items 7 and 8, submit data only for residents who were in the facility on December 1, 2001.

Item 1 – Facility Identification

1A - License Number as it appears on license.

1B - Facility Name as it appears on license.

1C - Street Address of facility.

1D - Name of City in which facility is located.

1E - Facility Zip Code.

1F - County in which facility is located

1G - Telephone Number

1H - Fax Number

1I - E-mail address

Item 2 – Licensure Information

2A - Facility opening Date.

2B - Number of Beds Licensed for Assisted Living as shown on license.

2C - Administrator's Last Name.

2D - Administrator's First Name.

2E - Type of Credential held by Administrator – Please check either LNHA or CALA.

Item 3 – Admissions *(In each of the following categories, an admission is defined as each instance in which a new residence agreement is promulgated between the facility and the resident. Please exclude residents who were admitted for respite care).*

3A - Admissions from Acute Care Hospitals - New admissions to the facility directly from an Acute Care Hospital. Please exclude hospitalizations in which the residence agreement remains in effect (refer to Item 5).

3B - Admissions from Home - New admissions to the facility directly from a resident's home. This category includes friends, relatives, Alternate Family Care (AFC), boarding homes, as well as the resident's own home.

- 3C - Admissions from Nursing Homes - New admissions to the facility directly from a Nursing Home.
- 3D - Admissions from other Assisted Living and Comprehensive Personal Care Homes – New admissions to the facility directly from a different ALR/CPCH.
- 3E – Admissions from Residential Health Care Facilities – New admissions to the facility directly from a RHCF.
- 3F – Admissions - Other – New admissions to the facility directly from places that do not meet any of the criteria described in Items 3 A-E, including, but not limited to prisons, psychiatric institutions, and homeless.
- 3G - Admissions – Total – Please enter the sum of Items 3A-F.

Item 4 – Discharges *(In each of the following categories, a discharge is defined as each instance in which an existing residence agreement between the facility and the resident is terminated. Please exclude residents who were discharged following admission for respite care).*

- 4A - Discharges while in hospital -The residence agreement is terminated during a resident's hospital stay. This category includes, but is not limited to deaths occurring during a resident's hospital stay as well as instances in which it is determined that the resident has become too ill to return to the facility.
- 4B - Discharges to Home - Discharges from facility to resident's home, in which the residence agreement has been terminated. This category includes friends, relatives, Alternate Family Care (AFC), boarding home, as well as the resident's own home.
- 4C - Discharges to Nursing Home - Discharges from facility to nursing homes, in which the residence agreement has been terminated.
- 4D - Discharges to other Assisted Living Residences/Comprehensive Personal Care Homes, in which the residence agreement has been terminated.
- 4E - Discharges to Residential Health Care Facilities – Discharges from facility to RHCFs, in which the residence agreement has been terminated.
- 4F - Deaths – Includes deaths that occur while the resident is on the premises of the facility and while a residence agreement is in effect.
- 4G - Discharges – Other - Discharges to places that do not meet any of the criteria described in Items 4 A-F, in which the residence agreement is terminated. This category includes unknown destinations (e.g. when the resident's family arranges the discharge but does not inform the facility where the resident is going), as well as facilities such as psychiatric institutions.
- 4H - Discharges -Total – Please enter the sum of Items 4A-G.

Item 5 – Hospitalizations

- 5A - Hospitalizations/Returns register – Please check the box if the facility maintains a register showing hospitalizations and returns. If no such information is kept, please go to item 6.
- 5B - Hospitalizations/Returns register updates – Please check the appropriate box to identify the frequency at which hospitalization/returns information is updated.

Item 6 – Computer Capability

6A - Web Access – Please check the box if the facility would have the capability to view and print this form if it were available on a web site.

6B - Electronic Submission – Please check the box if the facility would have the capability to complete and transmit this form if it were available on a web site.

Item 7 – Residents Requiring Assistance with Each of the Six ADLs as of 12/1/01

Column 1 - Resident ID – To ensure confidentiality, please use a unique identifier for each resident in lieu of the resident's name.

In columns 2-7, please enter an 'x' in the cell if the resident requires assistance with the ADL in question. If the resident does not require assistance with the particular ADL, please leave the cell blank.

Column 2 - Bathing

Column 3 - Dressing

Column 4 - Eating - Includes help with tasks such as cutting food, or other assistance at mealtime.

Column 5 - Toileting

Column 6 - Transfer

Column 7 - Ambulation - Includes residents with walkers, canes, or other assistive devices.

Item 8 – Chronological Data for Residents as of 12/1/01

Column 1 - Resident ID - To ensure confidentiality, please use a unique identifier for each resident in lieu of the resident's name.

Column 2 - Resident Date of Birth

Column 3 - Resident Date of Admission

Column 4 - Resident Age in Years (This column will be calculated by DHSS)

Column 5 - Resident Time in Facility in Months (This column will be calculated by DHSS)

Item 9 – Data for Residents Discharged During Calendar Year 2001

Column 1 - Resident ID - To ensure confidentiality, please use a unique identifier for each resident in lieu of the resident's name.

Column 2 - Resident Date of Admission

Column 3 - Resident Date of Discharge

Column 4 - Resident Length of Stay in Months (This column will be calculated by DHSS)

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